

NY STATE CLIENT SEMI-ANNUAL REPORT

Print Form

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 23272

FOR OFFICE USE ONLY

Cjm **HAND DELIVERED** *Disig*
Amendment

RECEIVED FEB 22 2013

Amended: includes Sof F info.

III D: Total comp: 62,163

II Client Information

Name: New York State Association of Counties

Permanent Business Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Business Phone: 518-465-1473 Fax Number: 518-465-0506

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Stephen Acquario Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Compensation for current period: \$1122 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Dave Lucas Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: NY

Compensation for current period: \$19221 .00

C Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Patrick Cummings Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Compensation for current period: \$10838 .00

☒ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$62164 .00

IV Other Expenses (Current Semi-Annual Period Only)

| | | |
|---|----------------------|---|
| A Report in the aggregate all expenses less than or equal to \$75: | \$ 0 | .00 |
| B Report in the aggregate all expenses for salaries of non-lobbying employees: | \$ 3969 | .00 |
| C Itemize each expense exceeding \$75: | | |
| PAID TO: West Group | DATE: 12 / 31 / 2012 | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: Legislative | AMOUNT: \$ 5158 .00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | |
| PAID TO: In House Postage | DATE: 12 / 31 / 2012 | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: Postage | AMOUNT: \$ 806 .00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | |
| <input checked="" type="radio"/> Continued on attached pages | | |
| * If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual. | | |
| D Total expenses for current period: \$ 15037 .00 (if applicable, include all expenses from attached pages in total) | | |

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

| | | |
|--|----------------|------------------------------------|
| Single Source Entity's Name: County Nursing Facilities of New York | | |
| or | | |
| Single Source Person's Last Name: | | First Name: |
| Address: 540 Broadway, 5th Floor | | |
| City: Albany | | State: NY ZIP code: 12207 |
| Phone: 518-465-1473 | | |
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: \$ 130 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: \$ 130 .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: \$ 130 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: \$ 130 .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: \$ 130 .00 |
| Check here if using section V(C) of the Addendum for additional Contributions: <input checked="" type="radio"/> | | |

Contribution(s) Single Source #2

| | | |
|---|----------------|---------------------------------------|
| Single Source Entity's Name: Community Health Foundation of Western & Central New York | | |
| or | | |
| Single Source Person's Last Name: | | First Name: |
| Address: 726 Exchange Street, Suite 518 | | |
| City: Buffalo | | State: NY ZIP code: 14210 |
| Phone: | | |
| Date Contribution Received: | 07 / 25 / 2012 | Amount of Contribution: \$ 495.00 .00 |
| Date Contribution Received: | / / | Amount of Contribution: \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: \$.00 |
| Check here if using section V(C) of the Addendum for additional Contributions: <input type="radio"/> | | |
| Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the <input type="radio"/> | | |

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

| | | | |
|--|---|---|----------------------------------|
| Type of Lobbyist: | <input type="radio"/> Retained | <input checked="" type="radio"/> Employed | <input type="radio"/> Designated |
| Level of Gov't: | <input checked="" type="radio"/> State Lobbying | <input type="radio"/> Local Lobbying | <input type="radio"/> Both |
| Name: Mark LaVigne | Phone Number: 518-465-1473 | | |
| Address: 540 Broadway, 5th Floor | | | |
| City: Albany | State: NY | ZIP code: 12207 | |
| Compensation for current period: \$2336 .00 | | | |
| Type of Lobbyist: | <input type="radio"/> Retained | <input checked="" type="radio"/> Employed | <input type="radio"/> Designated |
| Level of Gov't: | <input checked="" type="radio"/> State Lobbying | <input type="radio"/> Local Lobbying | <input type="radio"/> Both |
| Name: Melissa Tiberio | Phone Number: 518-465-1473 | | |
| Address: 540 Broadway, 5th Floor | | | |
| City: Albany | State: NY | ZIP code: 12207 | |
| Compensation for current period: \$6417 .00 | | | |
| Type of Lobbyist: | <input type="radio"/> Retained | <input checked="" type="radio"/> Employed | <input type="radio"/> Designated |
| Level of Gov't: | <input checked="" type="radio"/> State Lobbying | <input type="radio"/> Local Lobbying | <input type="radio"/> Both |
| Name: Kathryn Vescio | Phone Number: 518-465-1473 | | |
| Address: 540 Broadway, 5th Floor | | | |
| City: Albany | State: NY | ZIP code: 12207 | |
| Compensation for current period: \$22229 .00 | | | |

IV Other Expenses (Current Semi-Annual Period Only)

| | | | |
|---|----------------------|--|------------------------------------|
| PAID TO: In House Copies | DATE: 12 / 31 / 2012 | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: Copies | AMOUNT: \$2465 .00 | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | | |
| PAID TO: Time Warner Cable/ NY Wired | DATE: 12 / 31 / 2012 | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: Internet Services | AMOUNT: \$709 .00 | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | | |
| PAID TO: Time Warner Cable | DATE: 12 / 31 / 2012 | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: Phones | AMOUNT: \$1930 .00 | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | | |

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:**☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Municipal Electric & Gas Alliance

or

Single Source Person's Last Name: Luu

First Name: Jennifer

Address: P.O. Box 88

City: Ithaca

State: NY

ZIP code: 14851

Phone:

| | | | | |
|-----------------------------|----------------|-------------------------|--------|-----|
| Date Contribution Received: | 08 / 24 / 2012 | Amount of Contribution: | \$1084 | .00 |
| Date Contribution Received: | 11 / 13 / 2012 | Amount of Contribution: | \$1231 | .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$ | .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$ | .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$ | .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # _____

Single Source Entity's Name: National Association of Counties

or

Single Source Person's Last Name:

First Name:

Address: P.O. Box 79007

City: Baltimore

State: MD

ZIP code: 21279

Phone:

| | | | | |
|-----------------------------|----------------|-------------------------|---------|-----|
| Date Contribution Received: | 08 / 02 / 2012 | Amount of Contribution: | \$ 150 | .00 |
| Date Contribution Received: | 08 / 09 / 2012 | Amount of Contribution: | \$ 891 | .00 |
| Date Contribution Received: | 11 / 06 / 2012 | Amount of Contribution: | \$ 1126 | .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$ | .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$ | .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # _____

Single Source Entity's Name: New York Aviation Management Association

or

Single Source Person's Last Name:

First Name:

Address: 136 Everett Road

City: Albany

State: Ny

ZIP code: 12205

Phone:

| | | | | |
|-----------------------------|----------------|-------------------------|-------|-----|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$166 | .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$166 | .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: | \$166 | .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$166 | .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: | \$166 | .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: New York Association of Training and Employment Professionals

or
Single Source Person's Last Name: Melinda First Name: Mack

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Phone: 518-433-1200

| | | | |
|-----------------------------|----------------|-------------------------|-----------|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$110 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$110 .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: | \$110 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$110 .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: | \$110 .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # _____**

Single Source Entity's Name: New York State Association of County Administrators

or
Single Source Person's Last Name: Nesbitt First Name: Charles

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Phone: 518-465-1473

| | | | |
|-----------------------------|----------------|-------------------------|-----------|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$ 56 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$ 56 .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: | \$ 56 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$ 56 .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: | \$ 56 .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # _____**

Single Source Entity's Name: New York State Association of County Clerks

or
Single Source Person's Last Name: First Name:

Address: County Office Building, 160 Genesee Street

City: Auburn State: Ny ZIP code: 13021

Phone:

| | | | |
|-----------------------------|----------------|-------------------------|----------|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$73 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$73 .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: | \$73 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$73 .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: | \$73 .00 |

Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: NYS County Highway Superintendents Association

or
Single Source Person's Last Name: First Name:

Address: 136 Everett Road

City: Albany State: NY ZIP code: 12205

Phone:

| | | | |
|-----------------------------|----------------|-------------------------|-----------|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$150 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$150 .00 |
| Date Contribution Received: | 09 / 30 / 2012 | Amount of Contribution: | \$150 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$150 .00 |
| Date Contribution Received: | 11 / 30 / 2012 | Amount of Contribution: | \$150 .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # _____**

Single Source Entity's Name: NYS Local Government Services Foundation

or
Single Source Person's Last Name: First Name:

Address: 150 State Street

City: Albany State: NY ZIP code: 12207

Phone:

| | | | |
|-----------------------------|----------------|-------------------------|-------------|
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$ 2093 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$ 1274 .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$.00 |

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # _____**

Single Source Entity's Name: Public Employer Risk Management Assoc., Inc

or
Single Source Person's Last Name: First Name:

Address: P.O. Box 12250

City: Albany State: NY ZIP code: 12212

Phone:

| | | | |
|-----------------------------|----------------|-------------------------|-----------|
| Date Contribution Received: | 07 / 31 / 2012 | Amount of Contribution: | \$431 .00 |
| Date Contribution Received: | 08 / 31 / 2012 | Amount of Contribution: | \$210 .00 |
| Date Contribution Received: | 10 / 31 / 2012 | Amount of Contribution: | \$124 .00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$.00 |
| Date Contribution Received: | / / | Amount of Contribution: | \$.00 |

Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: ProAct, Inc

or
Single Source Person's Last Name: First Name:

Address: 29 East Main Street

City: Gouverneur State: NY ZIP code: 13642

Phone:

| | | | | | | | | |
|-----------------------------|----|---|----|---|------|-------------------------|-------|-----|
| Date Contribution Received: | 07 | / | 31 | / | 2012 | Amount of Contribution: | \$54 | .00 |
| Date Contribution Received: | 08 | / | 31 | / | 2012 | Amount of Contribution: | \$360 | .00 |
| Date Contribution Received: | 09 | / | 30 | / | 2012 | Amount of Contribution: | \$55 | .00 |
| Date Contribution Received: | 10 | / | 31 | / | 2012 | Amount of Contribution: | \$455 | .00 |
| Date Contribution Received: | / | / | | / | | Amount of Contribution: | \$ | .00 |

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

| | | | | | | |
|-----------------------------|---|---|--|-------------------------|----|-----|
| Date Contribution Received: | / | / | | Amount of Contribution: | \$ | .00 |
| Date Contribution Received: | / | / | | Amount of Contribution: | \$ | .00 |
| Date Contribution Received: | / | / | | Amount of Contribution: | \$ | .00 |
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Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

| | | | | | | |
|-----------------------------|---|---|--|-------------------------|----|-----|
| Date Contribution Received: | / | / | | Amount of Contribution: | \$ | .00 |
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Check here if using section V(C) of the Addendum for additional Contributions:

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #_____

Single Source (or Related or Affiliated) Entity's Name: County Nursing Facilities of New York

or

Single Source (or Related or Affiliated)Person's Last Name: First Name:

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Phone: 518-465-1473

Date Contribution Received: / / Amount of Contribution: \$130 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received: / / Amount of Contribution: \$ 00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #_____

Single Source (or Related or Affiliated) Entity's Name: NY Aviation Management Association

Single Source (or Related or Affiliated) Person's Last Name: _____ First Name: _____

Address: 136 Everett Road

City: Albany State: NY ZIP code: 12205

Phone:

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #_____

Single Source(or Related or Affiliated) Entity's Name: New York Association of Training and Employment Professionals

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received: 12 / 31 / 2012 Amount of Contribution: \$ 110 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #_____

Single Source(or Related or Affiliated) Entity's Name: NYS Association of County Administrators

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Phone:

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #_____

Single Source (or Related or Affiliated) Entity's Name: New York State Association of County Clerks

Single Source (or Related or Affiliated) Person's Last Name: _____ First Name: _____

Address: County Office Building, 160 Genesee Street

City: Auburn State: NY ZIP code: 13021

Phone:

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

Issues effecting County Government including unfunded mandates

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Governors Office, NYS Legislature, NYS Comptroller Office, State Agencies and Commissions

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☒ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

n/a

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

n/a

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

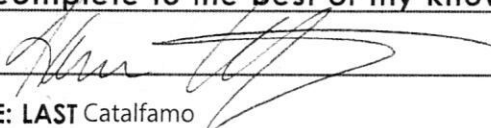
n/a

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:  DATE: 1-22-13

PRINT NAME: LAST Catalfamo

FIRST Karen

TITLE: Fiscal/Office Manager

Mark One: ☐ Chief Administrative Officer ☒ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.